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*OUR FIRST CARE IS YOUR HEALTH CARE*  
ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

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**ACOM POLICY 404, ATTACHMENT D,  
MEMBER INFORMATION ATTESTATION STATEMENT**

The Contractor attests that the oral and written member information information given by the Contractor is in compliance with the requirements of 42 C.F.R. 438.10 and ACOM Policy 404.

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*SIGNATURE OF AUTHORIZED REPRESENTATIVE*

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*PRINTED NAME OF AUTHORIZED REPRESENTATIVE*

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*TITLE*

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*CONTRACTOR*

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*DATE*